REFLECTING INWARD, REACHING OUTWARD:
Building a More Culturally Competent University

UNIVERSITY of MARYLAND
The Founding Campus

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

The President's Fellows, an interprofessional group of University of Maryland, Baltimore (UMB) students, were tasked with examining the role of cultural competence in education and professional practice within the University. We examined UMB's environment, curriculum, and policies, and how they work together, with the goal of making recommendations to ensure that cultural competence is a lived value across the campus.

DEFINITION: We adopt Cross, Bazron, Dennis, and Issacs' (1989) definition of cultural competence, which discusses behaviors, attitudes, and policies that influence effective cross-cultural work. And we expand that definition to include our view of how cultural competence can be defined for UMB.

CULTURAL COMPETENCE MATTERS TO UMB: We posit that, as a public institution of the State of Maryland, UMB has a responsibility to ensure that differences are accepted and celebrated in a way that learners of any religion, race, ethnicity, (dis)ability, sexual orientation, gender, or social group can be successful at UMB.

THE PROBLEM AT UMB: We identify areas where UMB can make improvements relative to cultural competence.

Environment: Fragmented conversations on cultural competence; lack of awareness about the importance of cultural competence to the University; and underrepresentation of minority cultures in different strata of UMB.

Curriculum: Need for greater and better quality curricula related to cultural competence; lack of training for faculty and staff on cultural competence; and lack of student preparation for, and reflection on, interactions with diverse populations in practical settings.

Policy: Inconsistent handling of grievances and conflict across UMB; lack of centralized resources; and an increased effort by the University and the schools to follow the spirit as well as the letter of existing policy related to cultural competence.

WHAT UMB IS CURRENTLY DOING: We discuss goals that UMB has set for cultural competency, including a commitment to diversity and a culture of inclusion and promoting cultural competence as 'the right thing to do.'

Environment: Recommendations provided by the Diversity Advisory Council (DAC) to the President on diversity and inclusion at UMB; movement toward a more diverse and representational workforce and student body; implementation of action plans by the schools; and formation by students and faculty of groups and committees that promote diversity and inclusion.

Curricula/Training: Incorporation of cultural competence or diversity elements into each school's curriculum and ongoing research on how students' ethnocultural empathy changes throughout their time at UMB.

Policy: Conformance to state-level legal requirements and guidelines.

EMERGING PRACTICES NATIONWIDE: We consider what steps UMB can take to become more culturally competent by examining what other schools have already done.

Environment: Making campus communities aware of the University's commitment to diversity and cultural competence, and providing students with books on culture and health outcomes/patient experiences at enrollment or during orientations.

Curricula/Training: Adapting curricula and training to improve cultural competence; offering certificate programs and leadership institutes; evaluating curriculum and training using evidence-based tools; and publishing a primer on best practices for cultural competency training.

Policy: Using campus-wide policies to ensure: continued assessment of cultural competence in curriculum and campus programming; campus-wide policies for training faculty and staff in cultural competence; use of centers of cultural competence to create tools for assessing efficacy of cultural competence programs; and creation and implementation of national standards for cultural competence and language access in health care.

RECOMMENDATIONS FOR UMB: We suggest several recommendations that would make UMB a more culturally competent University.

Environment: Include underrepresented populations in the faculty, staff, and student body; embrace and communicate cultural competence as an important value across UMB schools; and facilitate an ongoing conversation across the University.
Curricula/Training: Increase cultural training in the various curricula; provide faculty and staff with tools and training; and create more opportunities for students to interact with diverse populations, clients, and patients throughout their education.
Policy: Provide accessible, centralized resources; streamline grievance processes within schools and across the University; and create an Office on Cultural Competency to ensure the implementation of the recommendations outlined to encourage long-term change.

INTRODUCTION

Consider what the following anecdotes have in common:

- A professor is reviewing symptoms of distress, as described by white, middle class clients. When she gets to a slide that says "ataque de nervios," she pauses and asks, "Does anyone know what this means?" No one speaks up or raises a hand. The professor says, "Luisa, please share with the class the meaning of 'ataque de nervios.'"

- A student appears for his first day in field. He has been growing out his beard, a symbol of his religion. The first question he is asked by a colleague is, "Did you bring a razor?"

- A student is in the field working with a Mandarin-speaking patient. The field instructor is not using an interpreter to speak with the patient, so the student suggests they use a phone interpreter to make sure the patient understands the encounter. The instructor responds, "Oh, that would take too much time. It's easier not to deal with that."

- A client comes into the conference room and notices that the student intern uses a wheelchair. The client says to the instructor, "I don't want THAT person here. How can she be a good lawyer from a wheelchair?" The instructor dismisses the student and brings in another student who does not use a wheelchair.

- A professor uses a randomly generated list of student names to call on students to answer practice questions. When the professor gets to names that he can't pronounce, he comments, "Oh no, not again," and then asks, "Is there another name you go by that's easier to

pronounce?" If the student uses a nickname the professor finds 'easy' he responds, "Oh good!"

These stories highlight the importance of cultural competence on a professional campus. Each example would likely cause distress and discomfort for the students and patients/clients involved, and each story could have had a very different outcome, or could have been avoided altogether, had the participants approached the situation through a lens of cultural competence.

The United States is one of the most diverse countries in the world, with almost every nationality, religion, race, sexual orientation, and language represented in the population. This diversity can create barriers that lead to generalizations, ste-

> " **UMB has a responsibility to ensure that differences are accepted and celebrated in a way that learners of any religion, race, ethnicity, (dis)ability, sexual orientation, gender, or social group can be successful at UMB.**

reotypes, and discrimination; however, diversity also has the potential to build bridges between individuals and create the basis for a more equal society.

People who are considered "different" are often at a disadvantage, experiencing poorer outcomes in areas such as education, justice, housing, and healthcare (Flores, Abreu, Barone, Bachur, & Lin, 2012). For example, if an individual cannot understand, read, or speak English fluently, he or she may experience substandard access to healthcare or social services (Flores et al., 2012). Racial minorities are more likely to be arrested, to be convicted, and to receive harsher sentences (The Sentencing Project, 2013). And LGBT individuals are more likely to experience violence (Marzullo & Libman, 2009).

Over the past year, numerous incidences depicting racial discrimination and a lack of cultural competence have made both local and national headlines. In September 2015, students at the University of Missouri protested in response to racial incidences on the campus and called for the resignation of the school's president when he did not respond to their complaints. In Maryland, students at Towson University staged a sit-in and requested that the school establish a "no tolerance" policy on racism, sexism, and homophobia;

increase the number of tenured faculty of color; and include cultural competence courses in the curriculum. Lastly, in UMB's backyard, a young African American man died while in police custody, sparking uprisings throughout the city that impacted each member of the community. These three incidents demonstrate the need for cultural awareness in state and federal policies and institutions.

UMB's presence permeates throughout downtown Baltimore. In order to effectively treat and serve members of the community in which students and faculty live and work, they must first become aware of, and sensitive to, the realities of all community members. An understanding and appreciation of how we are all different and the social determinants that lead to these differences must be developed.

To address inequalities, and to make our society more just, institutions such as UMB, and the individuals that comprise them, need to make a conscious effort to understand other cultures and to approach people as individuals, honoring and embracing their uniqueness instead of stereotyping them into stigmatized categories. In practice, this is cultural competence: understanding people for who they are, not for how they are perceived, and recognizing that every day, during any interaction, individuals might be at a different point on the cultural continuum.

AN INVITATION

The President's Fellows are humbled by the realization that this discussion on cultural competence will inherently be incomplete. It reflects our best understanding of cultural competence based on our research, experiences, and discussions with the campus community. Cultural competence is an expansive and complex topic, and it is inevitable that we have missed some perspectives.
Our intention is that our presentation of the issues serves as a starting point for a continued discussion, and not as the end of it, and provides an explanation of how we arrived at our recommendations for improving cultural competence at the University. Above all, we hope this discussion functions as an invitation to the UMB community to join in a conversation about what cultural competence means and how we can best practice it as members of the UMB community.

DEFINING CULTURAL COMPETENCE

Before delving into cultural competence, it is important to state the definition that we use throughout this paper. Cultural competence is a term that means different things to different people; during the interviews, presentations, and research that contributed to the development of this paper, we encountered many different understandings of what cultural competence is and what it entails. When asked to define cultural competence, some people focused on race and ethnicity, while others talked about sexual orientation, gender, or ability. Still others felt like being culturally competent meant knowing everything about other cultures, without taking into account that there is diversity among people of the same culture. The following section is included to ensure that the audience of this paper knows where the term "cultural competence" has come from, how it has evolved, what it has developed into, and how we use the term throughout this paper.

EVOLUTION OF THE TERM "CULTURAL COMPETENCE"
Cultural competence and cross-cultural patient/client awareness are relatively new fields of study, with early work on cross-cultural health services emerging in the middle of the last century. The great majority of the published work on cultural competence in health sciences and social services has been published since the beginning of the 21st century. Theories and models of cultural competence developed through the Civil Rights era and continue to develop into the present time (Saha, Beach, & Cooper 2008). The field has moved from a starting point of focusing on the differences between providers and patients, with a focus on immigrants, to a more nuanced understanding that culture encompasses numerous categories and that providers have a responsibility to acknowledge their own cultural outlook (Saha et al.,2008). Chart 1 describes how the concept of cultural competence has evolved since its inception.

DEFINING CULTURAL COMPETENCE
Using the evolution of cultural competence as a background, we sought to identify a definition of cultural competence that is applicable to the multiple disciplines at UMB. In developing our framework, we started with the definition described by Cross, Bazron, Dennis, & Issacs (1989) at Georgetown University, which is often recognized as the first and most comprehensive

definition of cultural competence. Though many groups have adapted this definition over time as theories of cultural competence have advanced, Cross' definition provides important historical context for these adaptations and continues to be one of the most widely used and accepted frameworks for cultural competence.

Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively. (Cross et al.,1989, p. 13)

CHART 1: EVOLUTION OF CULTURAL COMPETENCE

EARLY MODES OF CULTURAL COMPETENCE
- Development of practices for serving immigrants and those with limited English proficiency
- Focus on differences between medical community and newcomers
- Educaton on cultural differences, history of new populations, and working with interpreters and cultural brokers

CIVIL RIGHTS ERA
- Attention to health disparities between American-born racial and ethnic groups
- Recognition that cultural competence could be expanded beyond new immigrants
- Concerns that teaching medical providers cultural norms as though they are immutable can lead to stereotyping and assumptions

CURRENT MODES OF CULTURAL COMPETENCE
- Address numerous aspects of culture, including race, religion, sexuality, gender identity, age, disability, region of origin, family status, and other factors
- Cultural competence as a continuing process
- Awareness of diversity, openness to cultural difference
- Provider reflection on own culture
- Provider inquiry into patient conception of illness
- Introduction of new names for the field

Information derived from: Jirwe & Gerrish, 2006; Saha et al., 2008

This definition serves as a starting point for describing the concept of cultural competence. Through months of research and discussion with the UMB community, we identified challenges in the University's environment, curricula, and policies that limit community members' ability to effectively work in cross-cultural situations. For this reason, we focused our solutions on these three areas. These themes will appear throughout this paper, denoted by the letters E, C, and P, respectively, along with a corresponding symbol:

Environment (E):

Curriculum (C):

Policy (P):

Though they are identified independently throughout the paper, it should be understood that these three themes are interrelated and interdependent for understanding the challenges, best practices, and recommendations regarding cultural competence.

In addition, we identified several aspects of cultural competence that we feel are central to expanding on Cross' original definition and that deserve to be stated explicitly. The following values encompass environment, curriculum, and policy considerations, and help to frame the rich understanding of cultural competence that we encountered at UMB.

" To address inequalities, and to make our society more just, institutions such as UMB, and the individuals that comprise them, need to make a conscious effort to understand other cultures and to approach people as individuals, honoring and embracing their uniqueness instead of stereotyping them into stigmatized categories.

FOR US, CULTURAL COMPETENCE...

IS A CONTINUAL PROCESS

Cultural competence is much more than a skillset or a list of facts that is acquired at a specific point in time. Interpreting cultures as a list of facts may promote stereotyping and misunderstanding. Instead, cultural competence involves a process of continuous learning, constant self-reflection, and ongoing awareness. Diagram 1 shows how cultural competence exists on a continuum and is never truly complete.

IS BROAD ENOUGH TO BE RELEVANT ACROSS DISCIPLINES

Many theories of cultural competence were developed with a specific constituency in mind, such as healthcare. However, a complete definition of cultural competence should be applicable across disciplines and suited to any member of the community that wants to participate in the conversation.

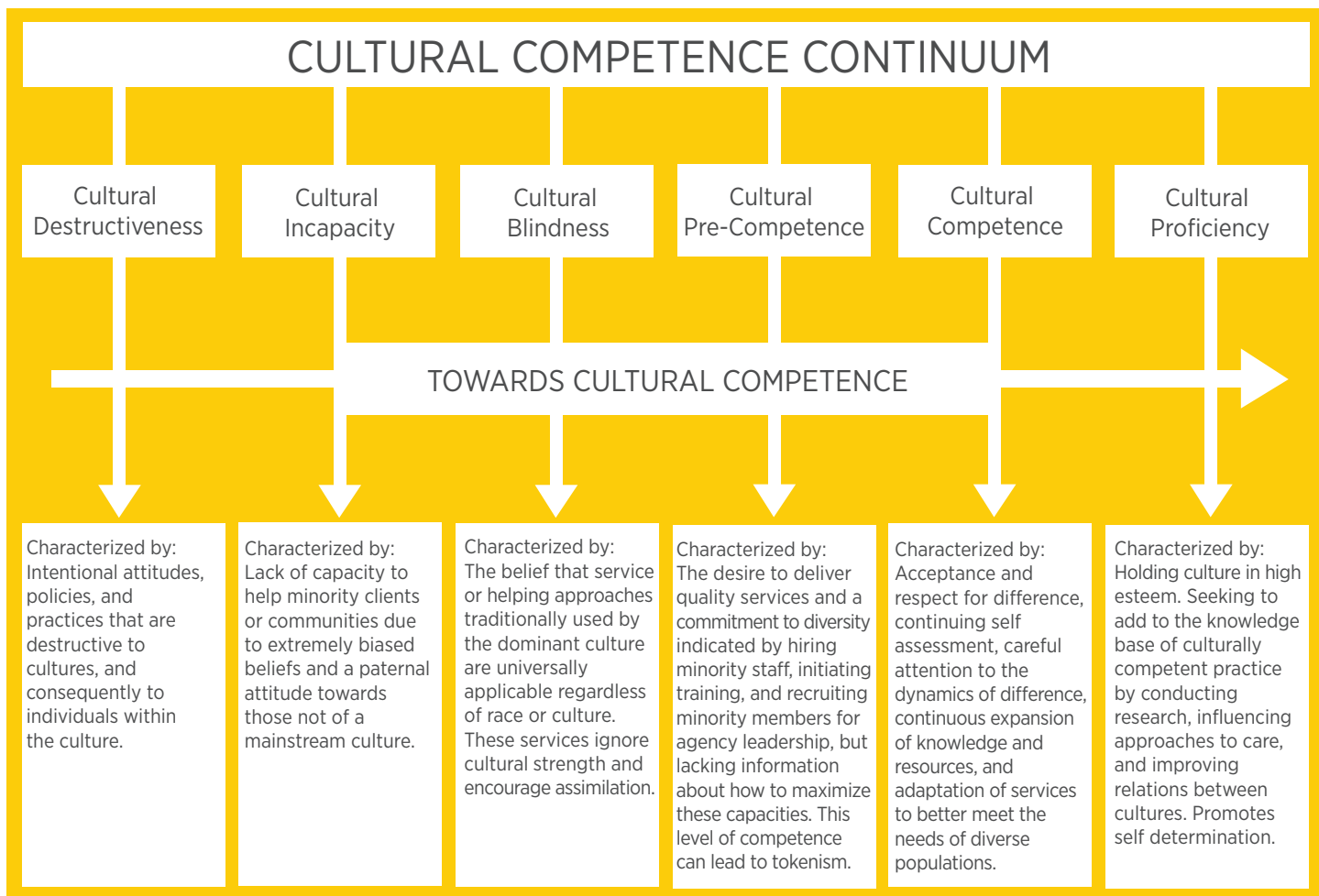## ADDRESSES INDIVIDUALS AND SYSTEMS

Cultural competence is necessary on both individual and systemic levels. A complete definition of cultural competence addresses both the way that individuals interact with each other and the dynamics among institutions, systems, and communities.

INCLUDES ALL ASPECTS OF CULTURE

Though race and ethnicity tend to be prominent in the discussion of cultural competence, there are many other identities that contribute to a person's culture. Language, nationality, gender identity, sexuality, (dis)ability, religion, age, profession, race, ethnicity, and many other factors are all aspects of cul-

DIAGRAM 1: CULTURAL COMPETENCE CONTINUUM

CULTURAL COMPETENCE CONTINUUM

Cultural Destructiveness	Cultural Incapacity	Cultural Blindness	Cultural Pre-Competence	Cultural Competence	Cultural Proficiency

TOWARDS CULTURAL COMPETENCE

Characterized by: Intentional attitudes, policies, and practices that are destructive to cultures, and consequently to individuals within the culture.	Characterized by: Lack of capacity to help minority clients or communities due to extremely biased beliefs and a paternal attitude towards those not of a mainstream culture.	Characterized by: The belief that service or helping approaches traditionally used by the dominant culture are universally applicable regardless of race or culture. These services ignore cultural strength and encourage assimilation.	Characterized by: The desire to deliver quality services and a commitment to diversity indicated by hiring minority staff, initiating training, and recruiting minority members for agency leadership, but lacking information about how to maximize these capacities. This level of competence can lead to tokenism.	Characterized by: Acceptance and respect for difference, continuing self assessment, careful attention to the dynamics of difference, continuous expansion of knowledge and resources, and adaptation of services to better meet the needs of diverse populations.	Characterized by: Holding culture in high esteem. Seeking to add to the knowledge base of culturally competent practice by conducting research, influencing approaches to care, and improving relations between cultures. Promotes self determination.

Cultural Competence Continuum (Victorian Aboriginal Child Care Agency, 2008, p. 24)

ture that should be included in a comprehensive understanding of culture.

ACKNOWLEDGES AND EMBRACES THE DISCOMFORT THAT INDIVIDUALS MAY FEEL APPROACHING THE TOPIC

Cultural competence is a challenging and sensitive topic that can elicit various responses; it can inspire action for some or provoke anxiety for others. It is necessary to embrace any potential discomfort both as motivation and as evidence that we are growing as individuals and as a community through our discussions.

WHY CULTURAL COMPETENCE MATTERS TO UMB

The University has a responsibility to promote a culture of welcome for faculty, staff, and students of every background. The University system should signal that differences are accepted and celebrated, and that educators and learners of any religion, race, ethnicity, (dis)ability, sexual orientation, gender, age, or social group can be successful at UMB.

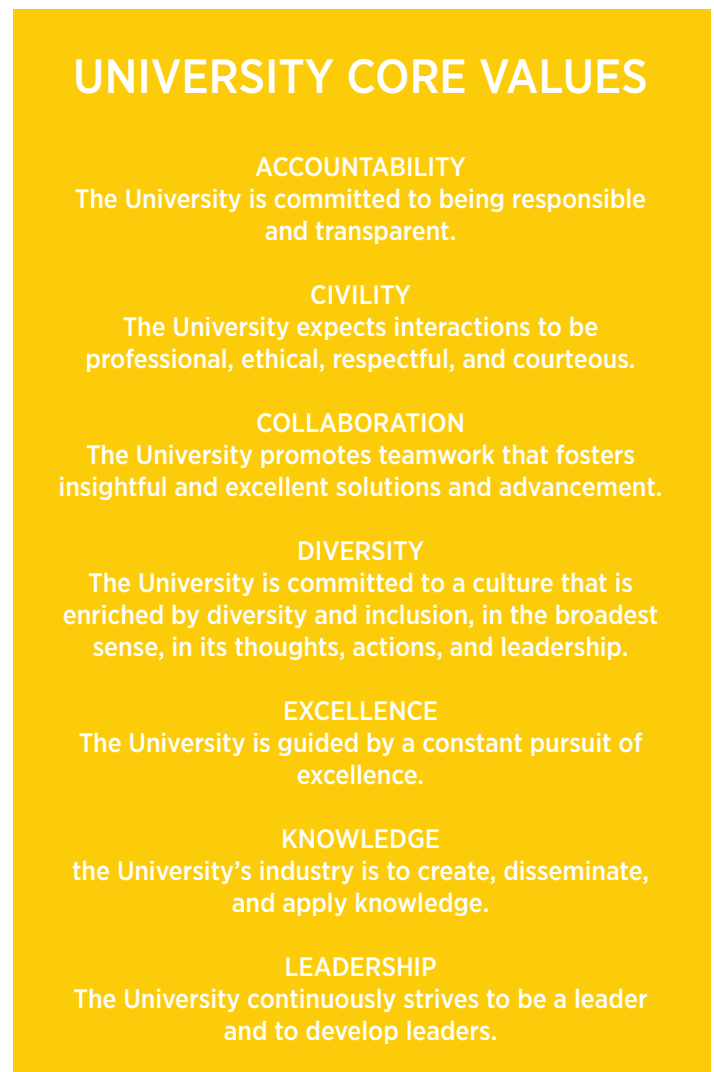## UMB IS EDUCATING FUTURE PROFESSIONALS

Regardless of a person's profession, cultural competence will play an important role in building relationships with clients and patients and in improving the lives of those in the communities the professional serves (Patel, 2014). It is vital that UMB graduates understand the importance of cultural competence to effectively interact with their diverse client/patient populations and to combat social injustices that exist based on cultural differences.

Cultural competence is a continuous process that should be fostered through professional training. Without understanding the backgrounds of clients and patients, professionals will be unable to build the trusting relationships needed to fulfill their clients' and patients' needs (Patel, 2014). UMB graduates will be employed throughout various localities in hospitals, social service departments, health departments, law firms, non-profit organizations, and education systems. The more culturally competent UMB graduates are, the better equipped they will be to provide services in ways that respects their patients' and clients' backgrounds and cultures, to speak up about the injustices they witness, and to advocate for better services at the local level and beyond.

The faculty members of each UMB graduate/professional school should not only be teaching about cultural competence, but should also be aware of the diversity among students. For example, conventional perspectives on professionalism embody a primarily eurocentric view on dress, manners, etiquette, and speech (Asante, 2009). UMB faculty should enable students to navigate dialogue on professional expectations of their schools' disciplines, especially in circumstances where a student's cultural identity conflicts with a field's traditional views on professionalism. By embracing cultural competence as a core value, UMB can empower its students to retain their individual identities while simultaneously appealing to more inclusive expectations of professionalism.

FIGURE 2: UMB CORE VALUES

UNIVERSITY CORE VALUES

ACCOUNTABILITY
The University is committed to being responsible and transparent.

CIVILITY
The University expects interactions to be professional, ethical, respectful, and courteous.

COLLABORATION
The University promotes teamwork that fosters insightful and excellent solutions and advancement.

DIVERSITY
The University is committed to a culture that is enriched by diversity and inclusion, in the broadest sense, in its thoughts, actions, and leadership.

EXCELLENCE
The University is guided by a constant pursuit of excellence.

KNOWLEDGE
the University's industry is to create, disseminate, and apply knowledge.

LEADERSHIP
The University continuously strives to be a leader and to develop leaders.

UMB FACES ECONOMIC AND SOCIAL COSTS RELATED TO INADEQUATE CULTURAL COMPETENCE

A deficient cultural framework for working with clients or patients can have great economic costs. A study conducted by Berwick and Hackbarth (2012) demonstrated that fragmented healthcare systems that fail to offer quality care generate more waste. For cultural and linguistic minorities, barriers to healthcare delivery also cause dissatisfaction for the patient and the healthcare provider; lack of compliance with regulations and standards; unnecessary treatments; increased hospital readmissions; poor outcomes; and waste of resources (Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003; Berwick & Hackbarth, 2012). Healthcare expenditures currently represent approximately 18% of the gross domestic product in the United States, with costs likely to rise in the future (Berwick & Hackbarth, 2012). An example of a way to reduce expenditures would be to fully implement the National Standards for Culturally and Linguistically Appropriate Services (CLAS). These standards were created by the Office of Minority Health to eliminate disparities by improving the quality of healthcare (Office of Minority Health, n.d.). Following these standards places the cultural and linguistic needs of patients and families at the center of patient care, and ensures that the leadership and workforce of healthcare institutions develop policies and practices that are responsive to the needs of diverse communities (Betancourt et al. 2003). Implementing these standards would help overcome significant communication, systemic, and clinical barriers for diverse, multicultural populations.

UMB MUST WORK WITHIN A LEGAL FRAMEWORK

Cultural competence is more than a lofty goal for the University; it is mandated by the legal system. First, and foremost, it is encouraged by the Constitution. The First Amendment requires freedom of religion, which disallows state institutions from encouraging or placing one religion over another (US Const., First Amendment). The First Amendment also facilitates freedom of speech to engage in uncomfortable and politically charged conversations, such as those relating to discrimination, disparities, and grievances. A number of federal laws have also been passed to deter discrimination. The Civil Rights Act of 1964 states that "[n]o person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or

be subjected to discrimination under any program or activity receiving Federal financial assistance" (Civil Rights Act of 1964, 2012). The Education Amendments of 1972, commonly known as Title IX, provide a similar prohibition against sex discrimination at institutions receiving federal funding (Education Amendments of 1972, 2012). Additionally, the Americans with Disabilities Act of 1990 (2012) prohibits employers and governmental agencies from discriminating on the basis of disability (Americans with Disabilities Act of 1990, 2012). All of these, in addition to many other statutes and executive orders, are in place to encourage cultural competence at governmental institutions, including state educational institutes and governmental service providers, such as the University of Maryland, Baltimore.

DEFINING THE PROBLEM AT UMB

Like all communities, institutions, and individuals, UMB can be conceptualized as moving along a continuum of cultural competence. We interviewed the Deans of six schools, reviewed the legal environment surrounding cultural competence in Maryland, examined the curricula across the graduate programs, and engaged in conversations with UMB faculty, staff, students, and community members. Through this process, we identified barriers in UMB's environment, curricula, and policies that, if addressed, would improve cultural competence at UMB.

ENVIRONMENT

Fragmented conversation about cultural competence at UMB
Without providing and promoting a sustained campus-wide forum for discussion with members of the campus community and the communities served by UMB, the University cannot know what services need to be obtained or updated, which specific trainings need to be provided, or what issues community members face. Though UMB frequently invites students to discussions relating to cultural competence, these forums tend to be reactionary to events such as the protests that followed the death of Freddie Gray in April 2015. There are few interprofessional opportunities at the University to participate in an intentional and ongoing conversation about cultural competence that extend beyond reactions to specific events. This year's President's Symposium on Cultural Competence was a great step forward, but there are still limited avenues for members of the University to have their voices heard about individual concerns or potential solutions regarding cultural competence.

Lack of awareness about the importance of cultural competence at UMB.

Many members of the University community are not aware that cultural competence is a priority at UMB. Some programs within the University place a higher emphasis on cultural competence than others, but the importance of the topic is not pervasive in messaging across schools at the University level. This contrasts with the focus placed on interprofessionalism, which most students recognize as a priority because of the emphasis placed on interprofessional collaboration in University literature and programming.

Underrepresentation of minority cultures in different strata of the University

UMB is currently seeking and attempting to retain underrepresented faculty and staff, but students are often faced with a population of mentors who do not represent their individual cultures and backgrounds. This could be due to low turnover of tenured faculty (leading to limited opportunities for new and diverse faculty members), the cost of hiring, systematic barriers preventing diverse candidates from reaching faculty positions, and other factors. The disproportionality may suggest to students from minority backgrounds that they do not belong in this community and may not have the same opportunities for advancement on campus and in their professional fields. Another concern is that the small number of faculty from minority backgrounds are often strained by the additional time they put into mentoring minority students, which is often not recognized or rewarded in the same way as researching or teaching.

CURRICULA/TRAINING

Need for greater quantity and quality of curricula related to cultural competence

Every school discusses cultural competence in its curriculum in some way, but, overall, the current curricula provide limited cultural competence training. Courses related to cultural competence are often elective and, as a result, the value of these courses may not permeate to the corners of our community that would benefit from them the most. Additionally, lectures on cultural competence are often self-learning modules, which do not give students and faculty the opportunity to have conversations and reflect on the topic. Some cultural components are tacked onto pre-existing courses, giving the impression that the topic is not as important as other components of student education. This may be due to inadequately trained faculty and staff or lack of space and time within the curriculum.

Lack of training for faculty and staff to effectively deal with situations involving culture

A lack of culturally competent curricula stems from faculty and staff that are not familiar or comfortable with cultural concepts. Most faculty and staff are hired for their specialties in a certain field or fields, but few are prepared to tackle sensitive issues outside of their fields, such as navigating emotionally charged discussions about culture and disparities. Providing all faculty and staff with training and support could ease discomfort and fear about handling difficult situations regarding culture.

Lack of preparation for and reflection on interactions with diverse populations in practical settings

Most students frequently interact with diverse populations as part of their education at UMB, but they are not always asked to prepare for or reflect on their experiences as a way of improving their ability to navigate cross-cultural interactions. If students are not asked to recognize and improve on sub-optimal behaviors and attitudes, these interactions can reinforce culturally destructive behaviors in which students are engaging.

POLICY

Variable management of grievances and conflict across UMB

Many members of the University community are unsure of what steps to take or who to go to when they experience or witness destructive cross-cultural interactions. This uncertainty is a source of anxiety for people who do not know if they will be listened to and supported when they express a grievance. It is often unclear to individuals that action will be taken to re-establish trust and resolve conflicts because there is limited explanation in University policies about how incidents should or will be resolved.

Lack of centralized resources for students, faculty, and staff regarding cultural competence

The resources regarding culture and diversity tend to be spread throughout the University and amongst the individual schools, leading to confusion in accessing those resources and difficulty in navigating the different locations or offices that can provide information or support for University members.

Fulfilling the letter, but not the spirit, of existing policy related to cultural competence

Many individuals at UMB have the perception that schools do the minimum to comply with existing regulations regarding cultural competence. This creates a good-faith problem for UMB wherein community members may perceive that only the letter, and not the spirit, of written policy about cultural competence is followed.

WHAT UMB IS CURRENTLY DOING

UMB has developed a "multi-pronged approach to fostering cultural competency" (DAC, 2015). The goals of the university include :

- Promote a commitment to diversity and a culture of inclusion.
- Enhance the environment to ensure diversity is valued and inclusion becomes a guiding principle in every aspect of the University's activities.
- Cultivate the idea that cultural competency is the right thing to do and promote it as a competitive advantage to be attained and valued by faculty, staff, and students. (DAC, 2015, p. 2)

ENVIRONMENT 🌐

One example of UMB's current efforts is its movement toward a more diverse and representational workforce and student body. Most hiring of staff and faculty, and student recruitment and acceptance, is done within schools and programs (DAC, 2015). However, the University has instituted efforts to increase the numbers of traditionally underrepresented populations within the student body, staff, and faculty. The charts on page 9 show the current breakdown of the race/ethnicity of students and faculty at UMB in 2014. There are also efforts being made to create more culturally competent environments at the individual schools. For example, the School of Social Work has a Strategic Plan that includes four objectives to address diversity:

1. To attract and retain a diverse group of students, faculty, and staff;

2. To prepare students to work with diverse populations;

3. To create and deliver interventions that are effective with diverse and underrepresented populations; and

4. To accelerate efforts to increase equity and inclusiveness. (University of Maryland School of Social Work, 2015, para. 2)

The School of Pharmacy hosts representatives from other countries to foster international collaborative efforts in pharmaceutical research and pharmacy education. In March 2014, the School of Pharmacy hosted members of the Saudi Arabian Cultural Mission to showcase the school's academic programs and cutting-edge research (Carroll, 2014b). Additionally, the School of Pharmacy facilitates joint partnerships with Shanghai Jiao Tong University, a prestigious institution in China (Carroll, 2014a). Through these efforts, the School of Pharmacy aims to globalize opportunities for interprofessional and intercultural education, research, and scientific discovery.

All of the schools have student groups representing minority populations, and many of the schools have committees and work groups to focus on issues relating to the student body. The School of Social Work has the Diversity and Anti-Oppression Committee, a standing faculty committee that works to advance social justice principles and to combat racism, with the Diversity and Anti-Oppression Work Group as its student counterpart. The School of Law has a student-faculty Professionalism and Diversity Committee, which "exists to encourage the Law School community to learn from its diversity in race, religion, sex, sexual orientation, disability, ethnic origin, language, class, and other perspectives ... to encourage professionalism and engagement, and to create a supportive community for all" (University of Maryland School of Law, 2016).

The schools also offer speakers, facilitated discussions, and programs regarding cultural awareness. This fall, the School of Law hosted renowned diversity advocate and Ted Talk speaker Vernā Myers to promote discussion of uncomfortable topics at the school. The Dean has also begun hosting open discussion sessions for students to voice their concerns and create a safe place to discuss issues within the community. However, these opportunities are available almost exclusively to students at the specific, hosting school, and do not provide opportunities for interprofessional or campus-wide interactions regarding cultural competence.

> "The School of Nursing strives to equip nurses to deliver culturally competent care to each individual they encounter...This is essential to reducing health disparities and improving access to care in our diverse and rapidly changing world...in January, Dr. Jeffrey Ash joined our faculty as the School's first Associate Dean for Diversity and Inclusion...we are also pleased that our student body increasingly reflects the changing demographics of Maryland and the region.
>
> - Jane Kirschling, PhD, RN, FAAN
> Dean and Professor,
> University of Maryland School of Nursing
> Director, Interprofessional Education

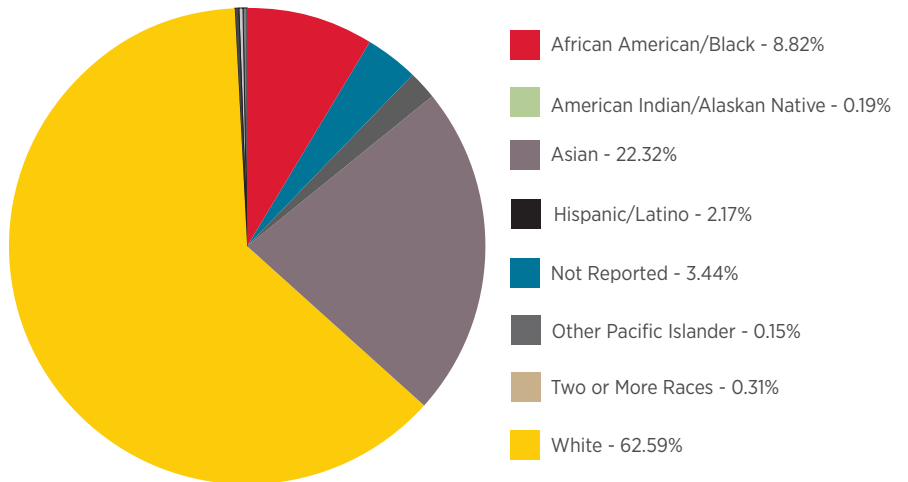**CHART 1: UMB NON-TENURE TRACK FACULTY BY RACE 2014 (DAC, 2015)**

- African American/Black - 8.82%
- American Indian/Alaskan Native - 0.19%
- Asian - 22.32%
- Hispanic/Latino - 2.17%
- Not Reported - 3.44%
- Other Pacific Islander - 0.15%
- Two or More Races - 0.31%
- White - 62.59%

CHART 2: UMB TENURED/ TENURE TRACK FACULTY BY RACE 2014 (DAC, 2015)

- African American/Black - 5.93%
- American Indian/Alaskan Native - 0.37%
- Asian - 14.81%
- Hispanic/Latino - 1.67%
- Not Reported - 1.11%
- White - 76.11%
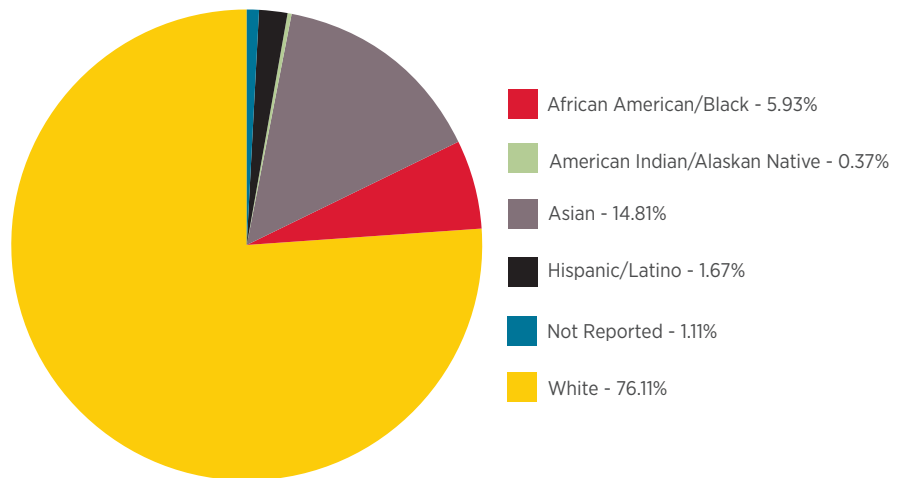
CHART 2: UMB STUDENTS BY RACE 2014 (DAC, 2015)

- African American/Black - 15.26%
- American Indian/Alaskan Native - 0.14%
- Asian - 14.99%
- Hispanic/Latino - 5.16%
- International - 4.30%
- Not Reported - 2.14%
- Other Pacific Islander - 0.05%
- Two or More Races - 3.06%
- White - 54.89%
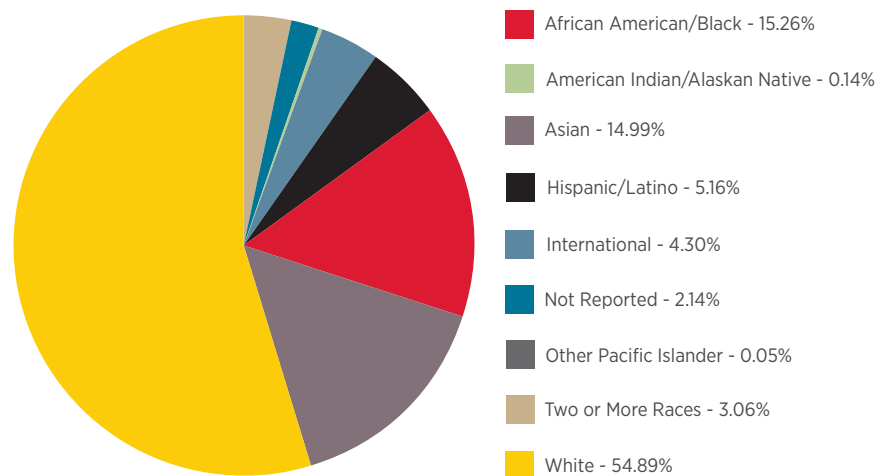
CURRICULA/TRAINING

There are some required cultural components in the curricula at all of the UMB schools. The School of Medicine integrates cultural competency in the curriculum through its Introduction to Clinical Medicine course. A key part of this course is a mandatory session on Cultural Competence consisting of a panel of physicians and patients with unique cross-cultural medical experiences, as well as a case-based small group discussion. In addition to this specific course, the Introduction to Clinical Medicine places every student at a community site throughout Baltimore for the first two years of study to do service and to learn from the experiences of the community outside a hospital setting. In addition, the Doctorate of Nursing Practice core courses recently underwent individual review and refinement to include components of cultural competence with the support of a federal Health Resources and Services Administration (HRSA) grant. Consultants were brought in to meet with faculty and review content and to make recommendations. At the School of Social Work, students are required to take coursework that has been certified as meeting diversity requirements and a number of electives are offered to work with various cultural groups, including veterans, refugees, and immigrants.

At the University level, UMB staff conducted a study on ethnocultural empathy among students at the university. Ridley & Lingle and Want et al. defined ethnocultural empathy as "empathy directed toward people from racial and ethnic cultural groups who are different from one's own ethnocultural group" (as cited in Bessaha, Lilly, & Ward, 2016). Although students from all disciplines (PhD/Masters, Dentistry, Law, Medicine, Nursing, Pharmacy, and Social Work) had a similar level of ethnocultural empathy upon enrollment, as students continued their education and began field work, clinicals, and medical rotations, their level of empathy remained the same or decreased –a finding similar to that at other universities. At UMB, the students in the School of Medicine and the School of Pharmacy showed a statistically significant decline, while students from the School of Social Work showed a significant increase in empathy compared with incoming students (Bessaha et al., 2016). Preliminary results of the study point to the social work curriculum, which requires students to take courses that satisfy a diversity component, as a potential factor in the increase in ethnocultural empathy of the social work students (Bessaha et al., 2016). Although this study of UMB students was cross-sectional and the results are still being

collected for the prospective cohort study, it reinforces the need for more required classes that focus on cultural competence and empathy in order to develop professionals that can effectively navigate the diverse world in which they practice.

POLICY

UMB is attempting to create change in policies through concentrated efforts. The Diversity Advisory Council (DAC) was created to provide recommendations to the president on diversity and inclusion at UMB. With representatives from each school, the DAC has developed tactics consistent with the University's strategic plan on diversity and inclusion. The Council has begun to integrate cultural awareness into the university system, and now includes the promotion of diversity and inclusion as performance criteria in the reviews of the school's leaders. The School of Nursing recently established a position of Dean of Diversity and Inclusion that will manage and execute the initiatives surrounding diversity and inclusion at the School of Nursing. UMB as a whole is also in the midst of developing tools to assess the campus climate on diversity and inclusion. However, this is an emerging work in progress, and many of the university's initiatives are ongoing.

UMB is also conforming to state-level legal requirements and guidelines. Since July 2008, the Maryland General Assembly has required all postsecondary education institutions in the State to develop and implement plans or improvements for cultural diversity among students, faculty, and staff. These plans must include goals and timelines to meet the goals; a process for handling hate crimes perpetrated on-campus; initiatives to recruit and maintain cultural diversity in the faculty, staff, and student body; and cultural diversity and sensitivity instruction and trainings made available to community members (University System of Maryland Board of Regents, 2014). Through its multi-pronged approach, the University is now going above and beyond the state requirements by offering comprehensive policies to promote diversity and inclusion, and enhance the environment relating to cultural competency throughout the professional schools.

> **The [Diversity Advisory]Council has begun to integrate cultural awareness into the university system, and now includes the promotion of diversity and inclusion as performance criteria in the reviews of the school's leaders.**

EMERGING PRACTICES NATIONWIDE

Colleges and universities nationwide are looking for ways to improve the cultural competence of their faculty, staff, and students through different and innovative ways. Various original practices used by other institutions to implement cultural competence were identified that could provide a model for UMB to follow in its journey to becoming more culturally competent.

ENVIRONMENT

Many universities feel that it is important for faculty, staff, and students to be aware of the university's commitment to diversity and cultural competence from the first moment they interact with the school. Most universities, like UMB, list diversity in their mission or vision statements; however, some schools are taking a more active approach. The University of Kansas School of Medicine developed an Office of Cultural Enhancement and Diversity Book Program to demonstrate the school's commitment to diversity and create an environment that would "create well-trained and culturally competent physicians" (University of Kansas School of Medicine, 2014). Upon admission to the school, all students are sent a selection of books that address culture in America and how culture impacts patients' health outcome and experiences. Some of the books on the list are The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures by Anne Fadiman, Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World by Tracy Kidder, and The Immortal Life of Henrietta Lacks by Rebecca Skloot.

CURRICULA/TRAINING

Many universities are also adapting their curriculum and training to improve cultural competence of their graduates. Harvard Medical School formed the Cultural Competence Care Education Committee (CCCEC) in 2001, which arose from a need to develop a curriculum to provide cultural competence training to medical students (Harvard Medical School, 2005). The goals of this committee are multifactorial and incorporate both the needs of students and faculty members. Faculty who teach in the Medical School have undergone development programs so that cultural competence can be incorporated into all courses in the curriculum. The committee also collaborates with the Division of Service Learning to provide opportunities for both students and staff in both

community health and cross-cultural care. Each component of the learning program is assessed using the Tool for Assessing Cultural Competence Training (TACCT), which were produced by the Association of American Medical Colleges.

Various institutions also offer formal programs and certificates centered on cultural competence. For example, the Pacific University of Oregon offers its students, administration, staff, and community members a certificate in cultural competence, with the specific aim to "start[] a conversation [to learn] more about cultural competence" (Pacific University, 2016). This certificate requires 11 curriculum hours and a 90-hour practicum focused on cultural competence in the community (Pacific University, 2016). The University of Iowa, School of Social Work, also offers a University-wide certificate in cultural competence to all undergraduate students. The goal of the required 18 semester hours of coursework is to offer students the ability to more effectively communicate and interact across cultural differences (University of Iowa, 2016). Additionally, the University of North Carolina has a Cultural Competency Leadership Institute for undergraduates, which educates students on the incorporation of cultural competence into their education. The program is evaluated through a multi-level program assessment in which an advisory group establishes a specific curriculum derived from current hiring practices and tendencies. Students meet for a certain number of sessions, each consisting of a lecture, an educational activity, and a "challenge." The students then have the opportunity to discuss their projects and readings (University of North Carolina at Chapel Hill, 2016).

In 2012, the Maryland Department of Health and Mental Hygiene and the University of Maryland, College Park, School of Public Health jointly developed a primer (a basic teaching resource guide) compiling best practices for training healthcare professionals in cultural competency. There are six modules in the primer: health disparities, community strategies, bias and stereotyping, effective communication skills, use of interpreters, and self-reflection and culture of health professions (McCann, Carter-Pokras, Braun, & Hussein, 2012). This resource is available to universities for teaching cultural competence.

POLICY

Policies that embody cultural competence can help universities develop a more welcoming environment and a more culturally competent curriculum, and help embed cultural competence into all aspects of university affairs to encourage

the continual training and reflection needed to remain culturally competent over time. The University of Sydney's National Centre for Cultural Competence (2015) is incorporating cultural competence into all aspects of the university. As part of its efforts, it conducted a comprehensive curriculum review and renewal process in 2014, and now provides specialist support to faculty to assist in entrenching cultural competence in curriculum and training to faculty and staff to enhance professional and personal capabilities. The University-wide effort has included incorporating cultural competence into curriculum, pedagogy, academic literacy and assessment, and the creation of systems and metrics to continually improve their efforts. These policies should be applauded for recognizing that cultural competence is a continual process and for emphasizing the need to review, update, and continually improve efforts.

The National Center for Cultural Competence (NCCC) at Georgetown University is a leader in establishing guidelines and tools for organizations and individuals to utilize in their journey to become more culturally competent. Established in 2001, the NCCC has developed a number of local projects aimed at reducing racial and ethnic disparities in healthcare, promoting cultural competence in the workforce, and improving the delivery of healthcare (National Center for Cultural Competence, n.d.). Notably, the NCCC provides opportunities for self-assessment on both the individual and organizational level, allowing for the continuous evaluation of cultural awareness. These self-assessments have significant value in steering the organization towards cultural competence and tracking its progress.

National practices for cultural competence include the CLAS standards, developed by the United States Department of Health and Human Services, Office of Minority Health. The CLAS Standards provide a scaffold for developing and identifying good practices in cultural competence. These Standards address and respond to the cultural and linguistic needs of individuals and are an effective way to improve community relationships and the quality of services (Office of Minority Health, n.d.).

FIGURE 2: THE NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE (NATIONAL CLAS STANDARDS)

The National CLAS Standards were designed by the United States Department of Health and Human Services, Office of Minority Health. The CLAS Standards were designed to, "advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services."

There are 15 CLAS standards that address:

• Governance, Leadership, and Workforce
• Communication and Language Assistance
• Engagement. Continuous Improvement, and Accountability

Health care organizations and health providers receiving federal funds are responsible for following the CLAS standards; however, all healthcare providers are encouraged to adopt the standards into their practices.

The principal CLAS standard is to "provide effective, equitable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."

Office of Minority Health, n.d.

RECOMMENDATIONS FOR UMB

UMB has made large strides in its quest to form a culturally competent community. However, based on our research and observations at UMB, and our examination of emerging best practices nation-wide, we have developed various recommendations for the individual schools and the University.

WE HOPE THAT UMB CAN...

ENVIRONMENT

Include underrepresented populations in the faculty, staff, and student body

Create a pipeline to increase admissions of underrepresented students in professional schools and provide appropriate school or community mentorship for underrepresented students. Have pathways for adjunct professors to move into tenure-track positions and recruit faculty who reflect the diversity of the student body. In the meantime, recruit community members as mentors. Continue support of the Meyerhoff Scholars program that provides educational funding to students, "from all cultures and backgrounds who are interested in the advancement of underrepresented groups in the biomedical and behavioral sciences" (University of Maryland School of Medicine, n.d.).

Embrace and communicate cultural competence as an important value across UMB schools

Establish cultural competence as a shared commitment throughout UMB and at every school. Establish a standard definition for cultural competence used throughout UMB and have the value of cultural competence permeate all programming.

Create and maintain an ongoing conversation across the University

Continue the current programs available for students, provide new opportunities for discussion at each school and at the University, and increase participation by promoting and publicizing events through the schools and different community groups. Provide follow-up on recommendations that come out of these conversations. A campus-wide initiative could be a shared, assigned reading list for all incoming students at all of the schools, with discussions of the readings at the start of each academic year.

CURRICULA/TRAINING

Increase cultural training in the various curricula

Incorporate cultural competency education in all of the school's curricula by including hands-on clinical work; patient/client simulations related to diversity; training in language access rights and responsibilities and work with qualified interpreters and translators; community immersions; and interprofessional courses and training related to cultural competence.

Provide faculty and staff with tools

Provide faculty and staff with appropriate training and education, such as interprofessional and professional seminars and simulations with clients/patients and students. Though there should be key staff who are experts on cultural competence, all faculty and staff members should be responsible for encouraging and embodying cultural competence and inclusion.

Create more opportunities for students to interact with diverse populations, clients, and patients throughout their education

Incorporate more simulated and community experiences where students can learn and practice important skills, such as how to effectively provide services through an interpreter. Self-assessment tools and teaching should be incorporated into these interactions, so that learners at UMB will grow their cultural competence through their experiences.

POLICY

Provide accessible, centralized resources

Develop a website where members of the campus community can access all topics related to cultural competence. This could include links to campus initiatives, school-specific projects, key staff members and points of contacts, forums for filing grievances, interprofessional courses and trainings being offered, and relevant community organizations and groups.

Streamline grievance processes

Provide a streamlined process within schools and across the University to encourage students facing problems to come forward. This may include publicizing points of contact and providing a forum for anonymous grievances to be considered, such as an online form that can be used to ensure grievances reach the appropriate faculty or staff.

Maintain continuous self-assessment

Provide opportunities for individuals at UMB to assess their understanding of cultural competence and their progression

through the continuum, and develop policies to continuously evaluate the university's efforts in becoming more culturally competent. The NCCC and CLAS Standards provide guidelines and effective tools for assessment that can be used as a stepping stone for developing such programs.

Create an Office on Cultural Competence to ensure the implementation of the recommendations outlined to factilitate long-term change

This document only lays the groundwork for beginning the discussion of cultural competence at UMB. In order for this conversation to continue and for the recommendations to be realized, the Fellows recommend that an independent body be created in the form of an Office or Center of Cultural Competence or other body with an implementary role. This office would work with the DAC to study cultural competence further at UMB and identify ways to implement our recommendations. The office would consist of experts in cultural competence that would be independent of the professional schools at UMB. They would be responsible for overseeing and encouraging ongoing evaluation of all the schools and offices that make up the university, and coordinating activities and raising awareness throughout the university community. This may include designing and maintaining the UMB website on cultural competence, facilitating the grievance process, developing and implementing trainings for faculty, staff, and students, and creating UMB-wide discussions on cultural competence. Although the recommendations suggested by the Fellows can be carried out without an office, UMB has identified cultural competence as a priority for the university. The Fellows believe that the establishment of an Office or Center on Cultural Competence would be the first step in showing the community that UMB is dedicated to improving cultural competence and is committed to creating a culture of assessment, evaluation, and discussion for years to come.

> **The more culturally competent UMB graduates are, the better equipped they will be to provide services in ways that respects their patients' and clients' backgrounds and cultures, to speak up about the injustices they witness, and to advocate for better services at the local level and beyond.**

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